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UNITED STATES PATENT AND TRADEMARK OFFICE

First Named

Inventor : Leroy Braun

Appln. No. : 10/685,240

Filed : October 14, 2003

Title : MULTIMEDIA FEATURE FOR  
DIAGNOSTIC INSTRUMENTATION

Docket No. : M33.12-0024

Group Art Unit: 2856

Examiner: J. Chapman Jr.

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Respectfully submitted,

KINNEY & LANGE, P.A.


Date:

9/29/06

By

*Alan M. Koenck*

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| <div style="text-align: center;">  <h2 style="margin: 0;">FEE TRANSMITTAL</h2> </div>   |                       | <b>Complete if Known</b>  |                       |  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
|---|-----------------------|---|-----------------------|--|-----------------------|-------------------------|-----------------------|-----------------|-----------|-----------|------------------------|--------|-----------|-------------------------------------|----------|-----------------------------------|---------------------------|-----------|-----------|--|--------------------------|-------------|-----------|-----------|-----------|---|---------------------|------|-------|------|---|--|---|------|-----|------|----|--|---|------|-----|------|-----|---|---|------|-------|------|-----|--|---|------|-------|------|-----|---|---|------|-------|------|-------|--|---|------|-----|------|-----|--|---|------|-------|------|-----|--------------------------|---|------|-----|------|----|-------------------------|---|------|-----|------|-----|----------------------------------|---|------|-------|------|-----|------------------------------------|---|------|-------|------|-----|---------------------------|---|------|-----|------|-----|------------------|---|------|-----|------|-----|-------------------------------|---|------|----|------|----|---|---|------|-----|------|-----|--|-----|------|----|------|----|--|---|------|-----|------|-----|---|---|---------------------------|--|--|--|--|---|-----------------------|--|--|--|--|
|   |                       | Application No.   | 10/685,240            |  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
|   |                       | Filing Date   | October 14, 2003      |  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
|   |                       | First Named Inventor  | Leroy Braun           |  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
|   |                       | Group Art Unit  | 2856                  |  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
|   |                       | Examiner Name   | J. Chapman Jr.        |  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
|   |                       | Atty. Docket Number   | M33.12-0024           |  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| Total Amount of Payment \$180.00  |                       |   |                       |  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| <b>METHOD OF PAYMENT (Check One)</b>  |                       | <b>FEE CALCULATION (Continued)</b>  |                       |  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account No.11-0982, Deposit Account Name: Kinney & Lange, P.A. A duplicate copy of this communication is enclosed.   |                       | <b>3. ADDITIONAL FEES</b>   |                       |  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 2. <input checked="" type="checkbox"/> Check Enclosed   |                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - Late filing fee or oath</td><td>—</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td>—</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td>—</td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For Filing a Request for Reexamination</td><td>—</td></tr> <tr><td>1251</td><td>120</td><td>2251</td><td>60</td><td>Extension for reply within first month</td><td>—</td></tr> <tr><td>1252</td><td>450</td><td>2252</td><td>225</td><td>Extension for reply within second month</td><td>—</td></tr> <tr><td>1253</td><td>1,020</td><td>2253</td><td>510</td><td>Extension for reply within third month</td><td>—</td></tr> <tr><td>1254</td><td>1,590</td><td>2254</td><td>795</td><td>Extension for reply within fourth month</td><td>—</td></tr> <tr><td>1255</td><td>2,160</td><td>2255</td><td>1,080</td><td>Extension for reply within fifth month</td><td>—</td></tr> <tr><td>1402</td><td>500</td><td>2402</td><td>250</td><td>Filing a brief in support of an appeal</td><td>—</td></tr> <tr><td>1403</td><td>1,000</td><td>2403</td><td>500</td><td>Request for oral hearing</td><td>—</td></tr> <tr><td>1814</td><td>130</td><td>2814</td><td>65</td><td>Terminal Disclaimer Fee</td><td>—</td></tr> <tr><td>1452</td><td>500</td><td>2452</td><td>250</td><td>Petition to revive - unavoidable</td><td>—</td></tr> <tr><td>1453</td><td>1,500</td><td>2453</td><td>750</td><td>Petition to revive - unintentional</td><td>—</td></tr> <tr><td>1501</td><td>1,400</td><td>2501</td><td>700</td><td>Utility/Reissue issue fee</td><td>—</td></tr> <tr><td>1502</td><td>800</td><td>2502</td><td>400</td><td>Design issue fee</td><td>—</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td>—</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Petitions related to provisional applications</td><td>—</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td>180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>—</td></tr> <tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td>Request for Continued Examination (RCE)</td><td>—</td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td>—</td></tr> <tr> <td colspan="5" style="text-align: right;">Subtotal (3) \$180.00</td> </tr> </tbody> </table> |                       | Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description | Fee paid  | 1051      | 130                    | 2051   | 65        | Surcharge - Late filing fee or oath | —        | 1052                              | 50                        | 2052      | 25        | Surcharge - late provisional filing fee or cover sheet | —                        | 1053        | 130       | 1053      | 130       | Non-English specification                       | —                   | 1812 | 2,520 | 1812 | 2,520   | For Filing a Request for Reexamination | — | 1251 | 120 | 2251 | 60 | Extension for reply within first month | — | 1252 | 450 | 2252 | 225 | Extension for reply within second month | — | 1253 | 1,020 | 2253 | 510 | Extension for reply within third month | — | 1254 | 1,590 | 2254 | 795 | Extension for reply within fourth month | — | 1255 | 2,160 | 2255 | 1,080 | Extension for reply within fifth month | — | 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal | — | 1403 | 1,000 | 2403 | 500 | Request for oral hearing | — | 1814 | 130 | 2814 | 65 | Terminal Disclaimer Fee | — | 1452 | 500 | 2452 | 250 | Petition to revive - unavoidable | — | 1453 | 1,500 | 2453 | 750 | Petition to revive - unintentional | — | 1501 | 1,400 | 2501 | 700 | Utility/Reissue issue fee | — | 1502 | 800 | 2502 | 400 | Design issue fee | — | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | — | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications | — | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Statement | 180 | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | — | 1801 | 790 | 2801 | 395 | Request for Continued Examination (RCE) | — | Other fee (specify) _____ |  |  |  |  | — | Subtotal (3) \$180.00 |  |  |  |  |
| Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description  | Fee paid              |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1051  | 130                   | 2051  | 65                    | Surcharge - Late filing fee or oath  | —                     |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1052  | 50                    | 2052  | 25                    | Surcharge - late provisional filing fee or cover sheet                     | —                     |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1053  | 130                   | 1053  | 130                   | Non-English specification  | —                     |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1812  | 2,520                 | 1812  | 2,520                 | For Filing a Request for Reexamination                                     | —                     |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1251  | 120                   | 2251  | 60                    | Extension for reply within first month                                     | —                     |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1252  | 450                   | 2252  | 225                   | Extension for reply within second month                                    | —                     |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1253  | 1,020                 | 2253  | 510                   | Extension for reply within third month                                     | —                     |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1254  | 1,590                 | 2254  | 795                   | Extension for reply within fourth month                                    | —                     |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1255  | 2,160                 | 2255  | 1,080                 | Extension for reply within fifth month                                     | —                     |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1402  | 500                   | 2402  | 250                   | Filing a brief in support of an appeal                                     | —                     |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1403  | 1,000                 | 2403  | 500                   | Request for oral hearing   | —                     |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1814  | 130                   | 2814  | 65                    | Terminal Disclaimer Fee  | —                     |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1452  | 500                   | 2452  | 250                   | Petition to revive - unavoidable   | —                     |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1453  | 1,500                 | 2453  | 750                   | Petition to revive - unintentional   | —                     |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1501  | 1,400                 | 2501  | 700                   | Utility/Reissue issue fee  | —                     |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1502  | 800                   | 2502  | 400                   | Design issue fee   | —                     |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1460  | 130                   | 1460  | 130                   | Petitions to the Commissioner  | —                     |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1807  | 50                    | 1807  | 50                    | Petitions related to provisional applications                              | —                     |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1806  | 180                   | 1806  | 180                   | Submission of Information Disclosure Statement                             | 180                   |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 8021  | 40                    | 8021  | 40                    | Recording each patent assignment per property (times number of properties) | —                     |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1801  | 790                   | 2801  | 395                   | Request for Continued Examination (RCE)                                    | —                     |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| Other fee (specify) _____   |                       |   |                       |  | —                     |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| Subtotal (3) \$180.00   |                       |   |                       |  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| <b>FEE CALCULATION</b>  |                       |   |                       |  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| <b>1. BASIC FILING FEE</b>  |                       |   |                       |  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Appn. Type</th> <th>FILING FEE FEE/SMALL</th> <th>SEARCH FEES FEE/SMALL</th> <th>EXAM FEES FEE/SMALL</th> <th>FEES</th> </tr> </thead> <tbody> <tr><td>Utility</td><td>300 / 150</td><td>500 / 250</td><td>200 / 100</td><td>—</td></tr> <tr><td>Design</td><td>200 / 100</td><td>100 / 50</td><td>130 / 65</td><td>—</td></tr> <tr><td>Reissue</td><td>300 / 150</td><td>500 / 250</td><td>600 / 300</td><td>—</td></tr> <tr><td>Provisional</td><td>200 / 100</td><td>-0- / -0-</td><td>-0- / -0-</td><td>—</td></tr> <tr><td colspan="5" style="text-align: right;">Subtotal (1) \$0.00</td></tr> </tbody> </table>  |                       | Appn. Type  | FILING FEE FEE/SMALL  | SEARCH FEES FEE/SMALL  | EXAM FEES FEE/SMALL   | FEES                    | Utility               | 300 / 150       | 500 / 250 | 200 / 100 | —                      | Design | 200 / 100 | 100 / 50                            | 130 / 65 | —                                 | Reissue                   | 300 / 150 | 500 / 250 | 600 / 300  | —                        | Provisional | 200 / 100 | -0- / -0- | -0- / -0- | —   | Subtotal (1) \$0.00 |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| Appn. Type  | FILING FEE FEE/SMALL  | SEARCH FEES FEE/SMALL   | EXAM FEES FEE/SMALL   | FEES   |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| Utility   | 300 / 150             | 500 / 250   | 200 / 100             | —  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| Design  | 200 / 100             | 100 / 50  | 130 / 65              | —  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| Reissue   | 300 / 150             | 500 / 250   | 600 / 300             | —  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| Provisional   | 200 / 100             | -0- / -0-   | -0- / -0-             | —  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| Subtotal (1) \$0.00   |                       |   |                       |  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b>  |                       |   |                       |  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Number Claims</th> <th>Prior</th> <th>Extra</th> <th>Fee from Fee Paid Below</th> </tr> </thead> <tbody> <tr><td>Total</td><td>—</td><td>—</td><td>X</td><td>—</td></tr> <tr><td>Indep.</td><td>—</td><td>—</td><td>X</td><td>—</td></tr> <tr><td>Multiple Dependent Claims</td><td colspan="4">—</td></tr> </tbody> </table>   |                       |   | Number Claims         | Prior  | Extra                 | Fee from Fee Paid Below | Total                 | —               | —         | X         | —                      | Indep. | —         | —                                   | X        | —                                 | Multiple Dependent Claims | —         |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
|   | Number Claims         | Prior   | Extra                 | Fee from Fee Paid Below  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| Total   | —                     | —   | X                     | —  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| Indep.  | —                     | —   | X                     | —  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| Multiple Dependent Claims   | —                     |   |                       |  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| Insert 3 and 20, or number previously paid if greater; Reissue see below  |                       |   |                       |  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>50</td><td>2202</td><td>25</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>200</td><td>2201</td><td>100</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>360</td><td>2203</td><td>180</td><td>Multiple Dependent Claim</td></tr> <tr><td>1204</td><td>200</td><td>2204</td><td>100</td><td>Reissue Independent Claims Over Original Patent</td></tr> <tr><td>1205</td><td>50</td><td>2205</td><td>25</td><td>Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> |                       | Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code  | Small Entity Fee (\$) | Description             | 1202                  | 50              | 2202      | 25        | Claims in excess of 20 | 1201   | 200       | 2201                                | 100      | Independent claims in excess of 3 | 1203                      | 360       | 2203      | 180  | Multiple Dependent Claim | 1204        | 200       | 2204      | 100       | Reissue Independent Claims Over Original Patent | 1205                | 50   | 2205  | 25   | Reissue claims in excess of 20 and over original patent |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Description  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1202  | 50                    | 2202  | 25                    | Claims in excess of 20   |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1201  | 200                   | 2201  | 100                   | Independent claims in excess of 3  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1203  | 360                   | 2203  | 180                   | Multiple Dependent Claim   |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1204  | 200                   | 2204  | 100                   | Reissue Independent Claims Over Original Patent                            |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| 1205  | 50                    | 2205  | 25                    | Reissue claims in excess of 20 and over original patent                    |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| <b>3. APPLICATION SIZE FEE</b><br>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 small) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s). <u>\$0.00</u>   |                       |   |                       |  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |
| Subtotal (2) \$0.00   |                       |   |                       |  |                       |                         |                       |                 |           |           |                        |        |           |                                     |          |                                   |                           |           |           |  |                          |             |           |           |           |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |     |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |   |                       |  |  |  |  |

Signature Alan M. Koenck Reg. No. 43,724  
 Date September 29, 2006 Deposit Account No. 11-0982



First Named

Inventor : Leroy Braun

Appln. No. : 10/685,240

Filed : October 14, 2003

Title : MULTIMEDIA FEATURE FOR DIAGNOSTIC  
INSTRUMENTATION

Docket No. : M33.12-0024

Group Art Unit: 2856

Examiner: J. Chapman Jr.

### INFORMATION DISCLOSURE STATEMENT

Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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The enclosed PTO Form-1449 lists patents and publications submitted pursuant to 37 C.F.R. 1.97.  
Copies of the patents or publications are enclosed as necessary.

#### TIME OF FILING

The Information Disclosure Statement is being filed:

1.      with the application or within three months of the filing date of a national application (other than a continued prosecution application under 37 C.F.R. 1.53(d)) or date of entry into the national stage of an international application or, to the best of the undersigned's knowledge, before the mailing date of a first Office action on the merits or a first office action after the filing of a request for continued examination under 37 C.F.R. 1.114, whichever event occurs last. In accordance with 37 C.F.R. 1.97(b), no certification or fee is required.

2. X after the time period specified in paragraph 1 above, but, to the best of the undersigned's knowledge, before the mailing date of a final action under 37 C.F.R. 1.113 or notice of allowance under 37 C.F.R. 1.311, or an action that otherwise closes prosecution of the application. In accordance with 37 C.F.R. 1.97(c), submitted herewith is:

(check either A or B below)

A.      a statement as specified in 37 C.F.R. 1.97(e), no fee is required.

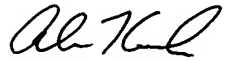
B. X the fee set forth in 37 C.F.R. 1.17(p) for submission of an Information Disclosure Statement under 37 C.F.R. 1.97(c).

3. — after the mailing date of either a final action under 37 C.F.R. 1.113 or a Notice of Allowance under 37 C.F.R. 1.311, whichever occurs first, but on or before payment of the issue fee. Applicant petitions for consideration of this Information Disclosure Statement pursuant to 37 C.F.R. 1.97(d)(2). Applicant submits herewith:

- A. a statement as specified in 37 C.F.R. 1.97(e); and
- B. the fee set forth in 37 C.F.R. 1.17(p).

Respectfully submitted,

KINNEY & LANGE, P.A.

By:  9/29/06

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|---|--------------------------------------|--------------------------------|
| <b>FORM PTO-1449</b>  | Atty. Docket No.:<br>M33.12-0024     | Application No.:<br>10/685,240 |
| LIST OF PATENTS AND PUBLICATIONS FOR<br>APPLICANT'S INFORMATION<br>DISCLOSURE STATEMENT | First Named Inventor:<br>Leroy Braun |                                |
|   | Filing Date:<br>October 14, 2003     | Group Art:<br>2856             |

## U.S. PATENT DOCUMENTS

| Examiner<br>Initials | Document No. | Publication Date<br>MM-DD-YYYY | Name of Patentee or Applicant of Cited Documents |
|----------------------|--------------|--------------------------------|--|
| AA                   |              |                                |  |

## FOREIGN PATENT DOCUMENTS

|    | Foreign Patent<br>Document | Publication Date<br>MM-DD-YYYY | Name of Patentee or Applicant of<br>Cited Documents | Translation<br>Yes No |
|----|----------------------------|--------------------------------|---|-----------------------|
| AB |                            |                                |   |                       |

## OTHER ART (Including Author, Title, Date, Pertinent Pages, Etc.)

|    |   |
|----|---|
| AC | Benson Medical Instruments Company, <u>Computer Controlled Audiometer (Model CCA100)</u> , Document Version #1.30, 12/13/94, 45 pages |
| AD | Benson Medical Instruments Company, <u>Computer Controlled Audiometer (Model CCA100)</u> , Document Version #1.20, 11/15/93, 14 pages |
| AE | Benson Medical Instruments Company, <u>CCA-100 Operating Manual</u> , V. 1.10, 1996, 51 pages   |
| AF | Benson Medical Instruments Company, <u>System 100 Operating Manual</u> , V. 0.96, 1995, 48 pages                                      |
| AG | Maico, <u>Service Manual MA728 and MA728M</u> , 56 pages  |
| AH | Maico, <u>Operating Instructions Maico MA728M Automatic Computer Audiometer - with Maico Warranty Registration</u> , 30 pages         |
| AI | Tremetrics Medical Instruments, <u>Sales Meeting, Technical Data and Troubleshooting</u> , November 1990, 35 pages                    |
| AJ | Tracor Instruments Austin, Inc. <u>RA600 Microprocessor Group Audiometer</u> , Service Manual, June 1985, 37 pages                    |

EXAMINER:

DATE CONSIDERED:

EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP 609; draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.